



DEPARTMENT OF THE NAVY

COMMANDER, CARRIER AIR WING RESERVE 20
NAVAL AIR STATION ATLANTA
MARIETTA, GA 30060-5099

COMCVWR-20INST 1320.1D

N113:rlh

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COMCARAIRWINGRES TWO ZERO INSTRUCTION 1320.1D

Subj: TEMPORARY ADDITIONAL DUTY (TAD) ADMINISTRATION AND
PROCESSING

Encl: (1) TAD Processing Sheet (CVWR-20 1320/1)
(2) Sample of Completed Travel Voucher (DD 1351-2)

1. Purpose. To establish procedures for requesting, processing, and liquidating CVWR-20 TAD orders.

2. Cancellation. COMCVWR-20INST 1320.1C

3. Discussion. TAD management is an all hands fiscal responsibility. TAD funds must be utilized to enhance training, operational readiness, and professional development. TAD requests that do not meet this criteria are considered unnecessary and will be disapproved.

4. Action

a. Requestor

(1) Complete enclosure (1) and forward to Department Head.

(2) When a member has a Rental car and/or Airline ticket authorized and does not use it, member is required to cancel with rental company or airline to avoid being charged a service fee.

(3) Complete Travel Voucher, enclosure (2), immediately upon completion of TAD and forward to TAD Coordinator with four copies of all documents (including receipts stating zero balance or amount paid and method paid).

b. Department Head. Review and approve/disapprove all TAD requests originating from respective personnel.

(1) Ensure all travel requests are valid and comply with the general criteria set forth in paragraph three.

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(2) Ensure requested time frame to accomplish the mission is not excessive.

(3) Ensure group travel requests include on the minimum number of personnel required for mission accomplishment.

(4) Forward to Administrative Department for processing. DO NOT forward requests directly to Deputy CAG for approval.

c. Administration Department

(1) TAD Clerk. Determine cost estimates based on the most likely scenario (i.e. COMAIR, GOV or COM Lodging etc.).

(2) Forward request to Admin Officer/Chief for review.

(3) Upon final approval, make all required travel arrangement. Prepare orders, obtain advances (American Express participants will use their card for advances), tickets, and deliver to member.

(4) Process completed travel vouchers. Forward to PSD for final liquidation. Control all undelivered liquidation checks and maintain the TAD log and history file of all travel requests.

(5) Maintain the Reserve Integrated Travel System (RITS) program. Deliver a copy of orders, advance computation sheet, liquidation sheet, with fiscal reports to CVWR-20's Comptroller, Naval Air Station, Atlanta, GA.

d. Administration Officer/Chief. Review TAD request impact on fiscal year budget. Advise Deputy CAG on status of funds.

(1) Determine if more economical means of travel is available by combining individual travel requests.

(2) Submit Naval Air Logistics Office requests. Ensure GOVAIR options are screened prior to recommending COMAIR.

(3) Review all modifications and supplemental travel claims.

(4) Forward request to Deputy CAG for final approval.

e. Command Master Chief

(1) The Command Master Chief will review all enlisted TAD requests and provide comments and endorsements prior to final approval.

f. Deputy. Approve/disapprove TAD request.

4. **Reports and Forms.** Enclosure (1) is CVWR-20 1320/1, enclosure (2) is DD Form 1321-2 and may be reproduced locally. Reports to be completed by the TAD Clerk and submitted to the Comptroller are programed in the Reserve Integrated Travel System (RITS) software. They are the Status of Funds and Document Status Log, and are required not later than the last day of each month.


M. K. HORNE

Distribution: (COMCVWR-20INST 5216.1K)
List I Case A & B

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TRANSPORTATION RESERVATION REQUEST

COMMAND: _____

DATE: _____

TRAVELER(S) (LAST, FIRST NAME)

SSN

GOVT CARD HOLDER

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

YES/NO

****ONLY FOR NON-GOVT CARD HOLDERS**** REQUEST ADVANCE PERDIEM (5 DAY NOTICE) YES/NO
 CONFERENCE FEE - YES/NO AMOUNT \$ _____

DATE OF TRAVEL	FROM	CITY TO	TIME OF DEPARTURE	TIME OF ARRIVAL	MODE OF TRANSPORTATION

AIRLINE SEATS: AISLE _____ WINDOW _____ SPECIAL NEEDS: _____

RENTAL CAR: NO _____ YES _____ SIZE: COMPACT _____ MIDSIZE _____ FULL SIZE _____ OTHER _____

NAME OF TRAVELER AUTHORIZED CAR: _____

FOR RENTAL CAR ONLY (NO AIRLINE RESERVATIONS)

PICK UP TIME: _____ AM/PM DROP OFF TIME: _____ AM/PM LOCATION: _____

LODGING: (CREDIT CARD # AND EXP. DATE MUST BE PROVIDED)

BOQ/BEQ LOCATION _____ REASON FOR TRAVEL _____

CMD VISITING: _____ POC: _____ PHONE: () _____

CREDIT CARD # _____ EXP DATE: _____

HOTEL _____ LOCATION: _____

REMARKS: _____

DEPT RECOMMEND: YES NO

ADMIN RECOMMEND: YES NO

FINAL APPROVAL: YES NO

****ADMIN USE ONLY****

	CONF FEE-	RENTAL-	TOTAL-
	POV-	AIRLINE-	PMR/CMR
\$ -NIGHT	BQ/HOTEL-	P/D-	ADVANCE-

Privacy Act Statement. The authority to request this information is contained in 5 U.S.C. 301 Departmental Regulations. The principal purpose is to enable you to make known your desire for TDY. Failure to provide information may result in disapproval of your request.

TRAVEL VOUCHER OR SUBVOUCHER

ink, or ball point pen. PRESS HARD DO NOT use pencil If more space is needed, continue in Remarks.

1. PAYMENT REQUIRED BY (X one)		2. TYPE OF PAYMENT (X as applicable)				3. FOR D.O. USE ONLY	
<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK <input type="checkbox"/> ELECTRONIC FUND TRANSFER		<input checked="" type="checkbox"/> TDY TAD <input type="checkbox"/> PCS <input type="checkbox"/> OTHER				a. D.O. VOUCHER NUMBER b. SUBVOUCHER NUMBER	
4. NAME (Last, First, Middle Initial) (Print or type)				5. GRADE	6. SSN		
DOE, JOHN				LCDR	123-45-6789		
7. Address, a. NUMBER AND STREET		b. CITY		c. STATE	d. ZIP CODE		
123 SOME STREET		SOME TOWN		GA	30060		
8. TELEPHONE NUMBER (Include Area Code)		9. TRAVEL ORDER NUMBER		10. PREVIOUS PAYMENTS ADVANCES			
770-123-4567		TO07000		NONE			
11. ORGANIZATION AND STATION				13. DEPENDENTS ADDRESS ON RECEIPT OF ORDERS (Include Zip Code)			
CVWR-20, NAS ATLANTA							
12. DEPENDENT(S) (X and complete as applicable)				14. HAVE HOUSEHOLD GOODS BEEN SHIPPED? (X one)			
<input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE				<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)			
15. ITINERARY				d. COMPUTATIONS			
a. DATE	b. LOCAL TIME (24 hour)	c. PLACE (Home, Office, Base, Activity, City and State; City and County, etc.)	d. MEANS/ MODE OF TRAVEL	e. REASON FOR STOP	f. NUMBER OF MEALS		g. POC MILES
10/19	0700	HOME	PA		(1) Govt (B-L-D)	(2) Ded (B-L-D)	20
10/1	0720	CVWR-20		AT			
10/1	0900	NAS ATLANTA	GA				
10/1	0945	ATLANTA AIRPORT		AT			
10/1	1130		TP				
10/1	1245	NORFOLK AIRPORT		AT			
10/1	1315		CA				
10/1	1345	NAS NORFOLK		TD			
10/2	1250		CA				
10/2	1315	NORFOLK AIRPORT		AT			
10/2	1459		TP				
10/2	1620	ATLANTA AIRPORT		AT			
10/2	1700		PA				
10/2	1745	HOME		MC		(R/T)	40
	DEP						
	ARR						
16. REIMBURSABLE EXPENSES				17. LEAVE			
a. DATE	b. NATURE OF EXPENSE	c. AMOUNT	d. ALLOWED	a. DAYS	b. HOURS		
10/25	BERTHING	100					
10/25	RENTAL CAR	250					
10/25	GAS	30					
10/25	AMEX FEE FOR \$130	3.57					
10/25	ATM FEE	2.50					
18. POC TRAVEL (X one)				19. GOVERNMENT TRANSPORTATION REQUEST (GTR) / MILITARY TRANSPORTATION AUTHORIZATION (MTA)			
<input checked="" type="checkbox"/> OWN / OPERATE <input type="checkbox"/> PASSENGER				a. GTR / MTA NO. b. FROM c. TO			
20. LONG DISTANCE TELEPHONE CALLS ARE CERTIFIED AS NECESSARY IN THE INTEREST OF THE GOVERNMENT. APPROVING OFFICER (31 USC 1348(b))				a. GTR / MTA NO. b. FROM c. TO			
21. a. CLAIMANT (Signature)				b. DATE		22. a. APPROVING OFFICER SIGNATURE	
JOHN DOE				26OCT98			
23. ACCOUNTING CLASSIFICATION							
24. COLLECTION DATA							
25. COMPUTED BY		26. AUDITED BY		27. TRAVEL ORDER POSTED BY		28. RECEIVED (Payee Signature and Date or Check No.)	
						29. AMOUNT PAID	

DD Form 1351-2, OCT 91

Exception to SF 1012 approved by GSA/IRMS 12-91.

Replaces previous editions of DD Form 1351-2 and DD Form 1351-4, which may be used.

652/022

S/N 0102-LF-016-2900

Enclosure (2)

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TRAVEL CLAIM SUBMISSION

- BLOCK 1. PLACE AN "X" IN THE CHECK BLOCK.
BLOCK 2. PLACE AN "X" BY TAD.
BLOCK 3A-E. SKIP.
BLOCK 4. PRINT NAME (LAST, FIRST, MIDDLE INITIAL).
BLOCK 5. GRADE.
BLOCK 6. SOCIAL SECURITY NUMBER.
BLOCK 7.
 A. HOME ADDRESS B. CITY
 C. STATE D. ZIP CODE
BLOCK 8. TELEPHONE NUMBER HOME OR WORK (INCLUDE AREA CODE).
BLOCK 9. STANDARD DOCUMENT NUMBER (TAKE OFF BLOCK 2 OF THIS SET OF ORDERS).
BLOCK 10. PREVIOUS PAYMENTS
 - ANY TRAVEL **CHECKS** RECEIVED ON THIS SET OF ORDERS PRIOR TO THIS CLAIM. IF NONE WRITE "NONE".
BLOCK 11. WRITE "CVWR-20, NAS ATLANTA".
BLOCKS 12-14. SKIP.
BLOCK 15. ITINERARY
 A. MONTH/DAY (IE. MAY 25 WOULD BE 5/25)
 B. TIME (MILITARY TIME FOR TIME ZONE YOU WERE IN)
 C. PLACE
 D. MODE OF TRAVEL
 TP - PLANE TICKET OBTAINED BY COMMAND THROUGH SATO
 GP - GOVERNMENT PLANE
 PA - PRIVATE AUTOMOBILE
 E. REASON FOR STOP (LOOK ON BACK OF CLAIM FOR CORRECT CODES).
 F. SKIP.
 G. POC MILES ((FROM HOME TO PLACE OF DEPARTURE (IE. AIRPORT OR NAS ATLANTA) OR IF AUTHORIZED POV, TO TAD SITE, ONLY IF ON THE ORDERS)). IF MEMBER DOES NOT STAY OVER NIGHT AT TAD SITE, MEMBER **WILL NOT** BE PAID MILEAGE.
BLOCK 16. REIMBURSABLE EXPENSES
 EXAMPLES
 - AMEX ADV FOR \$(AMOUNT WITHDRAWN UP TO THE AMOUNT AUTHORIZED ON THE ORDERS X 2.75%).
 - ATM FEE (WHAT THE ATM MACHINE CHARGED YOU).
 - GAS (ADD ALL GAS RECEIPTS TOGETHER).
BLOCK 17. SKIP.

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TRAVEL CLAIM SUBMISSION (CONT)

BLOCK 18. POC TRAVEL

- OWNER/OPERATE - IF YOU WERE THE DRIVER
- PASSENGER - IF YOU WERE THE PASSENGER

****DRIVERS - TO BE PAID FOR THE MILEAGE YOU CLAIMED IN BLOCK 15G, YOU MUST PUT AN "X" IN THE OWNER/OPERATE BLOCK OR PSD WILL NOT PAY YOU.****

BLOCKS 19 & 20. SKIP.

BLOCK 21A & B. SIGN AND DATE.

BLOCKS 22-29. SKIP.

****NOTE-BLOCK 23 MAY BE USED AS A CONTINUATION BLOCK FOR BLOCK 16, IF YOU HAVE ONE OR TWO REIMBURSABLE EXPENSES THAT DID NOT FIT.****